

**Interim Guidance on Establishing
Soil Lead Cleanup Levels at Superfund Sites**



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

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OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

OSWER Directive #9355.4-02

MEMORANDUM

SUBJECT: Interim Guidance on Establishing Soil Lead Cleanup Levels at Superfund Sites.

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Directors, Hazardous Waste Management Division, Regions III and VI
Director, Toxic Waste Management Division, Region IX
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PURPOSE

The purpose of this directive is to set forth an interim soil cleanup level for total lead, at 500 to 1000 ppm, which the Office of Emergency and Remedial Response and the Office of Waste Programs Enforcement consider protective for direct contact at residential settings. This range is to be used at both Fund-lead and Enforcement-lead CERCLA sites. Further guidance will be developed after the Agency has developed a verified Cancer Potency Factor and/or a Reference Dose for lead.

BACKGROUND

Lead is commonly found at hazardous waste sites and is a contaminant of concern at approximately one-third of the sites on the National Priorities List (NPL). Applicable or relevant and appropriate requirements (ARARs) are available to provide cleanup levels for lead in air and water but not in soil. The current

National Ambient Air Quality Standard for lead is 1.5 ug/m^3 . While the existing Maximum Contaminant Level (MCL) for lead is 50 ppb, the Agency has proposed lowering the MCL for lead to 10 ppb at the tap and to 5 ppb at the treatment plant⁽¹⁾. A Maximum Contaminant Level Goal (MCLG) for lead of zero was proposed in 1988⁽²⁾. At the present time, there are no Agency-verified toxicological values (Reference Dose and Cancer Potency Factor, ie., slope factor), that can be used to perform a risk assessment and to develop protective soil cleanup levels for lead.

Efforts are underway by the Agency to develop a Cancer Potency Factor (CPF) and Reference Dose (RfD), (or similar approach), for lead. Recently, the Science Advisory Board strongly suggested that the Human Health Assessment Group (HHAG) of the Office of Research and Development (ORD) develop a CPF for lead, which was designated by the Agency as a B2 carcinogen in 1988. The HHAG is in the process of selecting studies to derive such a level. The level and documentation package will then be sent to the Agency's Carcinogen Risk Assessment Verification Exercise (CRAVE) workgroup for verification. It is expected that the documentation package will be sent to CRAVE by the end of 1989. The Office of Emergency and Remedial Response, the Office of Waste Programs Enforcement and other Agency programs are working with ORD in conjunction with the Office of Air Quality Planning and Standards (OAQPS) to develop an RfD, (or similar approach), for lead. The Office of Research and Development and OAQPS will develop a level to protect the most sensitive populations, namely young children and pregnant women, and submit a documentation package to the Reference Dose workgroup for verification. It is anticipated that the documentation package will be available for review by the fall of 1989.

IMPLEMENTATION

The following guidance is to be implemented for remedial actions until further guidance can be developed based on an Agency verified Cancer Potency Factor and/or Reference Dose for lead.

Guidance

This guidance adopts the recommendation contained in the 1985 Centers for Disease Control (CDC) statement on childhood lead poisoning⁽³⁾ and is to be followed when the current or predicted land use is residential. The CDC recommendation states that "...lead in soil and dust appears to be responsible for blood levels in children increasing above background levels when the concentration in the soil or dust exceeds 500 to 1000 ppm". Site-specific conditions may warrant the use of soil cleanup levels below the 500 ppm level or somewhat above the 1000 ppm level. The administrative record should include background documents on the toxicology of lead and information related to site-specific conditions.

The range of 500 to 1000 ppm refers to levels for total lead, as measured by protocols developed by the Superfund Contract Laboratory Program. Issues have been raised concerning the role that the bioavailability of lead in various chemical forms and particle sizes should play in assessing the health risks posed by exposure to lead in soil. At this time, the Agency has not developed a position regarding the bioavailability issue and believes that additional information is needed to develop a position. This guidance may be revised as additional information becomes available regarding the bioavailability of lead in soil.

Blood-lead testing should not be used as the sole criterion for evaluating the need for long-term remedial action at sites that do not already have an extensive, long-term blood-lead data base⁽¹⁾.

EFFECTIVE DATE OF THIS GUIDANCE

This interim guidance shall take effect immediately. The guidance does not require that cleanup levels already entered into Records of Decisions, prior to this date, be revised to conform with this guidance.

¹ In one case, a biokinetic uptake model developed by the Office of Air Quality Planning and Standards was used for a site-specific risk assessment. This approach was reviewed and approved by Headquarters for use at the site, based on the adequacy of data (due to continuing CDC studies conducted over many years). These data included all children's blood-lead levels collected over a period of several years, as well as family socio-economic status, dietary conditions, conditions of homes and extensive environmental lead data, also collected over several years. This amount of data allowed the Agency to use the model without a need for extensive default values. Use of the model thus allowed a more precise calculation of the level of cleanup needed to reduce risk to children based on the amount of contamination from all other sources, and the effect of contamination levels on blood-lead levels of children.

REFERENCES

1. 53 FR 31516, August 18, 1988.
2. 53 FR 31521, August 18, 1988.
3. Preventing Lead Poisoning in Young Children, January
U.S. Department of Health and Human Services, Center
Disease Control, 99-2230.